



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258

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DRAFT MINUTES FOR PHYSICIAN SCOPE OF PRACTICE SUBCOMMITTEE MEETING Held on Friday, December 14, 2007 9535 E. Doubletree Ranch Road • Scottsdale, Arizona

Subcommittee Members

Robert P. Goldfarb, M.D., F.A.C.S., Chair

Ram R. Krishna, M.D.

Douglas D. Lee, M.D.

Lorraine L. Mackstaller, M.D.

Germaine Proulx

Amy J. Schneider, M.D., F.A.C.O.G.

Call to Order

The meeting was called to order at 12:05 p.m.

Roll Call

The following Subcommittee Members were present: Dr. Goldfarb, Dr. Krishna, Dr. Lee, Dr. Mackstaller, Ms. Proulx, and Dr. Schneider.

Call to Public

There was no one present to speak during the call to public.

Consideration and Development of Draft Scope of Practice Guidelines

Dr. Goldfarb led the discussion regarding the Arizona Medical Board Draft Scope of Practice Guidelines. He stated that there is no Board currently in the United States that licenses physicians to do a particular type of practice. He also stated the discussion around scope of practice is generally regarding the intrusion into the MD field by ancillary fields, such as optometrists, nurse anesthetists, or nurse practitioners. Dr. Goldfarb informed the Subcommittee that he worked with Lisa McGrane, Investigational Review Office Manager, to come up with Draft Scope of Practice Guidelines to address the issue of physicians whose practices migrate into specialty areas in which they were not formally trained. He stated that these Guidelines were drafted as a starting point for the Subcommittee's discussion and asked the Subcommittee members for their comments.

Dr. Krishna commented that when the Board licenses physicians it is telling the public that the physician is competent to practice medicine in whatever field they are trained or comfortable in. Dr. Krishna stated that statute currently allows a physician to obtain a license after only one year of post graduate (PG) training. Dr. Krishna stated this is a very important issue and felt that requiring three years PG training would be better. Dr. Krishna stated he felt that someone with just one year of PG training is not competent enough to go into a private practice. Dr. Krishna suggested the Subcommittee also look at portability of license which is being discussed by the Federation of State Medical Boards (FSMB) Liaison Subcommittee. Dr. Krishna stated that Nevada currently requires three years of PG training for a physician to be licensed. He also stated the Subcommittee should look into uniformity of licensing with adjoining states and recommended requiring three years of training instead of one year.

Dr. Schneider suggested requiring completion of a residency program instead of limiting the requirement to a certain number of years. Dr. Goldfarb suggested having the Draft disseminated to licensed physicians advising physicians of the Board's expectations if they are considering migrating to a different field. Kelly Sems, M.D., Chief Medical Consultant, suggested requiring that physicians notify the Board that they are migrating outside their area of training, either by the guidelines or by some kind of rule. Dr. Sems also suggested having the physician participate in the PACE Phase II program that is a clinical based program.

Dr. Lee stated the Subcommittee needs to define what the standards of care are. Dr. Lee suggested the Subcommittee focus their attention on the issues of what standards physicians would be held to versus what educational side the Board will privilege.

Dr. Mackstaller suggested including the following statement on the renewal application, "If you choose to migrate into other areas of medicine the board needs to be notified." Ms. McGrane stated that if the Board requires the notification to be in writing then that would require a statutory change. Dr. Mackstaller also suggested physicians receive information on what migratory medicine is and the standards they will be held to whether they renew their license online or by mail. Dr. Schneider suggested including in the letter specific areas where the Board has seen issues relating to migration, such as pain management, erectile dysfunction, and cosmetic procedures. Dr. Goldfarb stated this is not really restricting the scope of practice other than migration concepts.

Dr. Goldfarb suggested including, as a bullet, the Draft language from the Office Based Surgery Rule R4-16-702(A)(3)(d) which states: For the physician and health care professional administering the sedation to rescue a patient after sedation is administered and the patient enters in to a deeper state of sedation than what was intended by the physician.

Dr. Goldfarb stated there will be one more Subcommittee meeting before the February Board Meeting.

The meeting adjourned at 12:50 p.m.



Amanda J. Diehl, Deputy Executive Director